CHAPTER VI: COMPLEMENTARY AND ALTERNATIVE MEDICINE AND AGING

Questions & Answers

Q: When would you anticipate any data from the SELECT study?

A: It's actually now in the early recruiting phase, so it's probably going to be, with even an interim analysis, as a guess, probably 5 years away. The real bottom line that we all want to know is probably 8 to 10 years away. Unfortunately, that's the problem with these big studies. During that time, life advances, as do we, and knowledge advances. One of the problems with doing big, long-term studies is that other things sometimes sway in. But I would just mention the obvious, I think, to everybody here. I personally, both as a citizen and as a physician, feel extraordinarily chastened by the results of the Women's Health Initiative. I think, personally and professionally, that the last 30 years, the concept that has been so attractive to women of the world, to their significant others, to the medical establishment, the biologizing of the female menopause—which still can be thought of in part biologically. Although it's, of course, far more complicated, than we've come to believe, based upon huge epidemiological and population studies in multiple, meticulously done, intermediate-sized studies repetitively suggesting that estrogen might be cardioprotective in women, might be brain protective in terms of the their memory function. Now the largest, best designed, most robustly analyzed evaluation ever done has shown us not only that that does not seem to be true, but it seems to be just the opposite. That these things aren't even revenue neutral; they're harmful. So one of the things about our natural selves, in my opinion, is that we all want answers sometimes faster than they are available. That's a real problem for all of us, both as health care providers and health care consumers or potential health care consumers. We're all either health care consumers or potential health care consumers ultimately. We all want more information that we can put our hands on quicker. So with the SELECT study, that's just one study, and the study related to saw palmetto that I mentioned earlier, we're going to have to be patient and hopefully something good will accrue from that. Until we figure out a way to gather this information as accurately and more quickly by some other

mechanism, there's really no substitute, unfortunately, for well-done, properly configured studies in people when the issues are bottom line issues in people. That's the problem that we face. We can't computer model that. We can't extrapolate from the cells from people. We can't extrapolate from studies in live animals, even those relatively close to us. So it's a real issue.

Q: What kinds of studies are being done in both women and men to lessen the impact of heart disease?

A: There are different kinds of interventions that are increasingly recognized to be helpful. One of the best interventions, only half-jokingly, is to choose your parents well. We're working on that one, but we haven't figured out a good model for that. The second one is really to pay attention to a healthy lifestyle. It really does make a difference if you don't smoke, don't drink to excess—although 1 or 2 drinks a day may be helpful from a cardiac perspective. Exercising aerobically on a regular basis and doing strength exercise on a regular basis really makes a difference. The science underlying those is now increasingly refined at all levels. In mainstream medicine, we have new and better drugs to lower our cholesterol, many of which have been also shown to prevent heart disease, disease-related deaths, and so forth, or strokes and stroke-related deaths. These are major advances—every bit as much as buckling your seat belt and not drinking or smoking. It's the aggregate impact of all of these things. So what about some CAM modalities rather than these other things? I would include some of these lifestyle things in a sense as CAM. There is work on various forms of meditation and on relaxation techniques of various kinds, whether it be psychological relaxation techniques or physical relaxation techniques. This gets to a concept that many of us are very interested in, and it goes back to an earlier slide that I showed you when we talked about aging and the decreased ability of all of us as we get older to respond to less stresses or stressors. They're individual stressors like loss of a loved one, or an infectious illness, or a motor vehicle accident. As it happens, contemporary medical research has shown increasingly that a variety of chronic illnesses are doing similar bad things. Let me give you a couple of examples, and you'll see what I mean because all of these relate actually, believe it or not, to the

question. I'm going to talk about major depression. I'm going to talk about people with rheumatoid arthritis, and I'm going to talk about people with survivorship from cancer. People with depression not only suffer from the psychological impact of that unpleasant condition, but they also have a variety of unwanted effects in their bodies. They have a decrease in their amount of muscle and strength. They have a tendency to develop osteoporosis at premature ages. They have a tendency to gain more body weight, especially in their middles, in their abdominal area, which itself leads to a tendency to more diabetes or tendency to diabetes, high cholesterol, and cardiovascular disease. In other words, contemporary psychiatrists are not only interested in cutting down on the negative impact on the psyche, but they're also interested in cutting down on the negative impact of all these things I just mentioned. So, what about people with rheumatoid arthritis, more of whom are women than men. What's the leading cause of death in people, men or women, with rheumatoid arthritis? Well, the answer is cardiovascular and neurovascular disease. All the big surveys show that. Why? This is going to sound similar. Because people with chronic rheumatoid arthritis, in addition to the debility of their joint disease, which we can treat better but not as well as we'd like, develop decreased muscle strength, osteoporosis, more body fat, higher cholesterol, more diabetes, and cardiovascular disease. What does rheumatoid arthritis have to do with depression? Let's take another example. People who are long-term survivors of cancer, what happens to them? Well, it's not going to be a secret to you anymore; they have this same array. So there is a lot of investigation in humans and also in laboratory-based studies. But more importantly, there is a lot of human study that specialists in those different domains are doing, and at NCCAM. Because of the sort of interdisciplinary nature of what it is we try to do, we try to examine, to try to cut down on not only on the primary manifestations of given conditions like those that I said, but on this whole common array. Why is it a common array? It's because these are all stressors or stresses, if you prefer, to bodies in which we're housed. When we are stressed chronically, there's a series of internal changes in hormones, in neurologic signals, in immunological signals that all come clustering down in a common shower. What we need to do is be better at preventing that and also better at treating that. Trying to do that is what's occupying thousands of biomedical researchers all over the globe. So the answer to the question is to

relieve stress not only by mainstream treatments, but we now know by complementary and alternative modalities, including mind-body interventions. I'm certain you had a lecture by Dr. David Spiegel several weeks ago, who is one of the world's foremost authorities on a variety of brain-body interventions in people with a variety of chronic conditions, particularly his thrust has been in line with advanced breast cancer. I think he probably talked to you a little bit about the underlying benefits of hypnosis as part of an adjunctive form of treatment in women in that condition Hypnosis, meditation, therapeutic spirituality, and yoga in its more contemplative rather than physical forms. These various interventions that are stress-reducing either here or here have an impact. Now we're beginning to understand why and how in trying to figure out ways that we can all use these to our own advantage.

Q: Are there any studies at all being done on self-massage?

A: To be very honest, I'm not sure I can answer that question in a way that you want me to. I'm not familiar with research on that. Certainly, large numbers of people certainly do that. I would speculate that it would be an interesting area for those who are licensed to study and perform therapeutic massage. The body is economical even though it expresses itself in multiple different ways. The bottom line is that life is stressful, and it's filled with stressors of different kinds. One thing to sort of plant in your thinking is that chronic conditions, which are the conditions for which people seek CAM modalities most often, are the challenge for contemporary medicine. The reason people seek CAM modalities most often for chronic conditions is that chronic conditions, for the most part, are the ones with the best and most elegant of mainstream interventions, whatever they might be—they are good but not quite good enough, and we need to do more. The chronic stress of having a less than perfectly treated condition leads sensible people to want to do something to make themselves better. Things that may be stress-reducing need to be studied individually, because they're not all the same. Things that are stress-reducing, both psychologically or physically, one can rationally conjecture, are subject to study. We have tools, not only to study the big picture—like quality of life and longevity and so forth related to the condition or its extra manifestations—but to actually study various

biomarkers underneath that. We can also put mechanisms together and match them with what's going on. That's one of the challenges today.